	•		
ur. Din case or more than one child at birth, a SEPARATE RETURN must be made for each, and	This accessificate muse he filled by the ottonding Dhysician	this certificate midal be mich by the conciling a prairies	to ofton hinth
is. Din case of more than one child at birth,	The market of section is decided think of the	the number of each, in older of out the subsect.	or midwife with each local Registrar within 5 de

* **				Ex.
PLACE OF BIRTH	ARIZON BUREAU OF			D OF HEALTH
County of Gila.	_			State Index No. 20
District of	ORIGINAL CEI	RTIFICA'	TE OF BIRTH	Co. Registrar's No.76
Town of	(No		G.	Local Registrar's No.
FULL NAME OF CHILD Stell If child is not named, make Supplemen	a Claudine J	ackson		Yes'
Sex of Twin, Triplet Child Female. or other	and Number in order of birth		giti- Date of Birth	9/5/21/ 191 th Day Yr.
Full FATHER Name John F. Jackson		Full Maiden Name	мо тн Fay Clark	ER
Residence Globe Arizona Color Age at la Birthe		Color or Race	Globe Arizon	Age at last Birthday 24 Years
White Birthplace Texas. Occupation Cowboy.		Birthpla Tex		
Number of child of this Mother 3 Number of Ch	nildren, of this mother, now living	. 2	Were precantions taken agains	st Ophthalmia neonatorum? Yes
CERTIFIC	ATE OF ATTENDIN	IG PHYSIC	IAN OR MIDWIFE*	**
I hereby certify that I attended the bir *When there is no attending phys cian or midwife, then the householde should make this return.	i-]	Signature.	S. E. 201	5/21 191 , atla; 30 P.M.
Given or Christian name added from supplemental report	O. V	Q19JL4	DE B	Arizona LOCAL REGISTRAR.
COUNTY REGISTRAR	Filed Ut	519 7. 1	ie Copy	COUNTY REGISTRAR.